



Executive Council of PT & OT Examiners

333 Guadalupe St, Suite 2-510 Austin, TX 78701-3942
Phone (512) 305-6900 fax (512) 305-6970
www.ptot.texas.gov

OT/OTA Application for Initial Texas Licensure: General Application Information

Applicants: Please see the following information below. This is just an overview of licensing requirements. Additional requirements (such as items that must be submitted) and regulations apply.

Please see the OT Rules and Practice Act (<http://www.ptot.texas.gov/page/ot-acts-and-rules>) and the OT Application page (<http://www.ptot.texas.gov/page/ot-application>) for additional information. Please note that Chapter 364 of the OT Rules details initial licensure requirements.

Please remember that after completing all requirements, the OT or OTA license must be issued and you must have the approved license physically in hand before representing yourself or working as an OT or OTA in Texas.

• **All applicants for initial Texas licensure shall:**

- (1) submit a complete application form or online application with a recent passport-type color photograph of the applicant;
- (2) submit a non-refundable application fee as set by the Executive Council;
- (3) submit a successfully completed Board jurisprudence examination on the Texas Occupational Therapy Practice Act and Board rules;
- (4) have completed an accredited OT/OTA program;
- (5) have completed supervised fieldwork experience, a minimum of 6 months for OT and 2 months for OTA; and
- (6) either meet the requirements in §364.2 of the OT Rules (relating to Initial License by Examination) and apply by examination or meet the requirements in §364.4 of the OT Rules (relating to Licensure by Endorsement) and apply by endorsement.

-Initial License by Examination: Please check for additional requirements in §364.2, Initial License by Examination.

The applicant must also meet the requirements in §364.2 of the OT Rules and apply by examination if the applicant:

- (1) has not passed the NBCOT certification examination; or
- (2) has passed the NBCOT certification examination and
 - (A) is not currently licensed as an occupational therapist or occupational therapy assistant in another state or territory of the U.S.; or
 - (B) if not currently licensed in another state or territory of the U.S., is applying from the U.S. military or a non-licensing state or territory of the U.S. and cannot substantiate occupational therapy employment for at least two years immediately preceding application for a Texas license.

-Licensure by Endorsement: Please check for additional requirements in §364.4, Licensure by Endorsement.

The applicant must also meet the requirements in §364.4 of the OT Rules and apply by endorsement if the applicant has passed the NBCOT certification examination and:

- (1) is currently licensed as an occupational therapist or occupational therapy assistant in another state or territory of the U.S.; or
- (2) if not currently licensed in another state or territory of the U.S., is applying from the U.S. military or a non-licensing state or territory of the U.S. and can substantiate occupational therapy employment for at least two years immediately preceding application for a Texas license.

- Please submit your payment by check or money order with the application. The fee for an OT Application is \$140.00; the fee for an OTA Application is \$100.00.
- To take the jurisprudence examination, visit this link: <http://www.ptot.texas.gov/page/ot-application>.
- For information regarding additional requirements for a temporary license, see §364.3, Temporary License. The temporary license fee for an OT applicant is \$70.00; the temporary license fee for an OTA applicant is \$55.00.
- An applicant with a history of licensure in occupational therapy must submit a verification of license from each state or territory of the U.S. in which the applicant is currently licensed or previously held a license. This must be an original verification sent directly to the Board by the licensing board in that state or territory. Any disciplinary actions must be reported to the Board.
- An applicant who is applying by endorsement must submit an Employment History Form if the applicant is not currently licensed in another state or territory of the U.S. and is applying from the U.S. military or a non-licensing state or territory of the U.S. and can substantiate occupational therapy employment for at least two years immediately preceding application for a Texas license. Please visit this link to download the form: <http://www.ptot.texas.gov/page/ot-forms>.
- Applicants who are U.S. active duty military service members and their spouses shall receive expedited services from the Board. Applicants shall mail or fax a copy of the Uniformed Services Military ID Card and notify the Board of their military affiliation.

**Executive Council of PT & OT Examiners**

333 Guadalupe St, Suite 2-510 Austin, TX 78701-3942

Phone (512) 305-6900

fax (512) 305-6970

www.ptot.texas.gov

APP. NO: _____

OT/OTA Application for Initial Texas Licensure

Submit this application with the appropriate fees to ECPTOTE at the address listed above. This application expires one year from the date it is received by ECPTOTE. PLEASE PRINT IN BLACK OR BLUE INK. Please see the OT Rules and Practice Act for additional information and requirements (<http://www.ptot.texas.gov/page/ot-acts-and-rules>).

Check one box in each column below.

License Type	Licensure Method
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> By Exam: No previous passing score or not currently licensed; see §364.2.
<input type="checkbox"/> Occupational Therapy Assistant	<input type="checkbox"/> By Endorsement: Previous passing score and currently licensed in another state or territory of the U.S. (or if not currently licensed in a US state or territory, applying from the U.S. military or a non-licensing state and can substantiate 2 years of occupational therapy employment immediately preceding application for a Texas license); see §364.4.

1. FULL NAME

--	--	--	--

First

Middle

Last (Family name)

Suffix

2. NAME AS IT SHOULD APPEAR ON THE LICENSE (This MUST include your legal last name, and should be the same as or similar to the name you use on your driver's license.)

--

3. OTHER LAST NAMES (Maiden name or a last name from a previous marriage, for example)

--

4. PHYSICAL HOME ADDRESS

PHONE NO. _____

Street address

City

State

Zip Code

5. MAILING ADDRESS, if different _____**6. BUSINESS ADDRESS**

PHONE NO. _____

Business name

Street address

City

State

Zip Code

7. You must select one of your addresses as an address of record available to the public.

Please circle one: HOME MAILING BUSINESS

8. CONTACT EMAIL ADDRESS

Personal email addresses are preferred over school or work email addresses as such addresses may be only temporary.

OFFICE USE ONLY

FEE CODE	AMOUNT	DATE	RECEIPT NUMBER
Approved Date:		Approved By:	

APPLICANT NAME: _____ SSN: _____

9. SOCIAL SECURITY NUMBER

--	--	--	--	--	--	--	--	--

10. DATE OF BIRTH (MM/DD/YY)

--	--	--	--	--	--

11.

GENDER	EYE COLOR	HAIR COLOR	WEIGHT	HEIGHT
<input type="checkbox"/> F <input type="checkbox"/> M				

12.

ETHNICITY (Check one box only)
<input type="checkbox"/> African-American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other

13. GENERAL EDUCATION (College education, not occupational therapy program)

INSTITUTION	LOCATION	DEGREE AWARDED	DATE AWARDED

14. PROFESSIONAL EDUCATION (Occupational therapy program)

INSTITUTION	LOCATION	DEGREE AWARDED	DATE AWARDED

15. Have you previously held a Texas OT or OTA license? ☐ NO ☐ YES/ If "YES," ☐ OT or ☐ OTA
If yes, please enter dates and license number, if known.

LICENSE NO.	YEAR ISSUED	YEAR EXPIRED

16. LICENSURE INFORMATION

Enter the following information for all states, jurisdictions, or countries in which you have held or currently hold an occupational therapy license (or been authorized to practice occupational therapy if licensure was not required). If there are more than four, please attach an additional sheet with that information.

STATE/COUNTRY	LICENSE/REG. NO.	DATE ISSUED	EXPIRATION DATE

APPLICANT NAME: _____ SSN: _____

TO BE COMPLETED BY APPLICANTS FOR LICENSE BY EXAM ONLY (Questions 17 – 22)

17. Have you previously taken the national licensure exam in the US? ☐ NO ☐ YES

18. If yes, how many times?

List states and dates for each time you took the exam.

STATE	EXAM DATE
1.	
2.	
3.	

STATE	EXAM DATE
4.	
5.	
6.	

19. Have you passed? ☐ NO ☐ YES

20. Date of passing exam? _____

21. Have you applied for licensure in Texas previously? ☐ NO ☐ YES If yes, when? _____

22. Are you currently applying for licensure in another state? ☐ NO ☐ YES

If yes, where? _____

PREVIOUS HISTORY

23. Has any professional licensing or disciplinary body in any state, territory, or foreign jurisdiction or nation denied, limited, restricted, suspended, canceled, or revoked any professional license, certificate or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you? YES ☐
NO ☐

24. Have you ever voluntarily surrendered any such credential in anticipation of an investigation or disciplinary proceeding or entered into a consent agreement with respect to licensure? YES ☐
NO ☐

25. Have you ever been convicted, placed on community supervision whether or not adjudicated guilty, sentenced to serve jail or prison time or granted pre-trial diversion, or plead guilty, no contest or nolo contendere to any crime in any state, territory or country, or received a court order whether or not a sentence was imposed, including any pending criminal charges or unresolved arrests whether or not on appeal (excluding minor Class C traffic violations)? This includes expunged offenses and deferred adjudications with or without a finding of guilt. DUIs, DWIs and MIPs must be reported. A one time Minor in Possession (MIP) does not need to be disclosed; therefore you may answer "No." If you have multiple MIPs, however, you must answer "Yes." YES ☐
NO ☐

26. In the past 5 years, have you been diagnosed or treated for alcohol or substance dependency or addiction? YES ☐
NO ☐

27. In the past 5 years, have you been determined to be mentally incompetent by a court? YES ☐
NO ☐

28. Have you ever been found guilty of malpractice, or settled a malpractice claim? YES ☐
NO ☐

If your answer to any question above is "YES," please attach a statement explaining the circumstances.

APPLICANT NAME: _____ **SSN:** _____

AFFIDAVIT AND INFORMATION RELEASE

Please read carefully before signing.

In making this application to the Texas Board of Occupational Therapy Examiners (TBOTE) for a license as an occupational therapist or occupational therapist assistant, I attest that I, the undersigned, am the applicant named in the application and shown in the attached photograph, and that:

1. I have read and understood the complete application, and that all the information contained in this application, and the documentation provided as part of this application, is true and correct.
2. I have read and agree to abide by the Chapter 452, Occupations Code (OT Practice Act), and all rules promulgated by the TBOTE.
3. I am the lawful holder of an OT or OTA degree as prescribed by this application.
4. I authorize my educational institutions, employers, and all governmental agencies, and the National Board for Certification in Occupational Therapy to release to the Texas Board of Occupational Therapy Examiners or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment or treatment for drug and/or alcohol abuse or dependency, requested by the Board in connection with this application to determine my ability to safely engage in the practice of occupational therapy. I further authorize the Texas Board of Occupational Therapy Examiners or its successors to release to the institutions, individuals, or entities listed above any information which is material to this application or any subsequent licensure.
5. I authorize the Board to perform a criminal history background check as part of the application process.
6. I affirm that I will provide the Board with updated information within 15 days if I become aware of any event or information that makes any portion of this application or associated documents, though complete and correct when submitted, no longer complete or correct. I understand that failure to provide such updated information may result in an adverse action against my application.
7. I acknowledge that I, as an applicant or licensee, am required to report to the board a felony when convicted within 60 days after the conviction occurs.
8. I understand that falsification or misrepresentation of any item or response on this application or any associated document is a sufficient basis for a determination of ineligibility or another adverse action against my application.

Applicant Name (please print)

Applicant Signature

We need a 2"x 2" color photo of yourself on photographic paper, which we will attach here. A clear head and shoulders pose is required. Photocopies or computer printouts will be rejected and will delay your application.